

BE COVID SAFE

COVID-19 Safety Plan

General Practice and other Primary Health Care Providers

Business Details

Business Name:

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Risk Assessment of our Workplace

The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face. The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near. The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

- We have involved our staff when assessing our workplace.
- We have identified areas where there may be risks, either through close physical proximity or through contaminated surfaces. The closer together workers are and the longer they are close to each other, the greater the risk.
- We have involved frontline workers, supervisors, and the recommendations from our Joint Health and Safety committee.
- We have identified areas where people gather, such as break rooms and meeting rooms.
- We have identified job tasks and processes where workers are close to one another or members of the public. This can occur in the workplace, in worker vehicles, or at other work locations.

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- ☒ We have identified the tools, machinery, and equipment that workers share while working.
 - ☒ We have identified surfaces that people touch often, such as doorknobs, elevator buttons, light switches and areas with their motor vehicles and home offices.
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Wellbeing of Staff and Patients

The recommendations are to exclude staff who are unwell from the premises. The employer is to communicate regularly with staff to remind everyone that you should not attend work if unwell with respiratory symptoms or fever. Encourage testing of all staff with symptoms in line with advice from Ontario Health.

To ensure the wellbeing of our staff and patients, we exclude staff who are unwell from the premises. We communicate regularly with staff to remind everyone that you should not attend work if unwell with respiratory symptoms, fever, new olfactory or taste disorder, nausea or vomiting, diarrhea and abdominal pain. Atypical symptoms include chills, headache, conjunctivitis, fatigue, lethargy, or malaise, myalgia's and decreased or lack of appetite (Refer to Appendix A for a complete list of symptoms, Ministry of Health, 2020). We provide all of our employees with the required PPE to conduct their job safely. We encourage testing of all staff with symptoms in line with advice from Grey Bruce Public Health and the Ministry of Health.

Make staff aware of their leave entitlements if they are sick or required to self-isolate.

We have made staff aware of their leave entitlements if they are sick or required to self isolate for a 14-day period.

Request that patients call ahead if they have symptoms of COVID-19.

We request that patients call ahead if they have symptoms of COVID-19.

Recommendation is to have a management plan in place for patients (and carers/family members of patients) presenting with COVID-19 symptoms, including appropriate separation from other patients and requirement to wear a mask. It is important that all patients presenting with relevant symptoms undergo a COVID-19 test to help with the early detection of cases.

We have a management plan in place for patients (and carers/family members of patients) presenting with COVID-19 symptoms, including appropriate separation from other patients and requirement to wear a mask. We recognize the importance that all patients presenting with relevant symptoms undergo a COVID-19 test to help with the early detection of cases.

Recommendation is to display conditions of entry (website, social media, venue entry).

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We have displayed conditions of entry of the front doors of the clinic and on our website, as well as on signage throughout our area of the clinic.

Physical Distancing

Recommendation is where reasonably practical ensure there is enough space to follow physical distancing guidelines of maintaining at least 2 metres from other people. Where possible, assign staff to specific workstations. If staff are not able to physically distance, or work in a role with significant patient interaction, they should wear a surgical mask at all times while in the workplace.

Where reasonably practical, we ensure staff and patients maintain 2 metres physical distancing at all times. Where possible, we assign staff to specific work areas, i.e. the nursing station and separate exam rooms. If staff are not able to physically distance, or work in a role with significant patient interaction, they wear a surgical mask at all times while in the workplace.

Reduce crowding wherever possible and promote physical distancing, for example by appropriate spacing of chairs or using markers on the floor, where appropriate.

We have reduced crowding wherever possible and promote physical distancing, for example by appropriate spacing of chairs and using markers on the floor, where appropriate.

Consider ways to minimise congestion in the waiting room, for example by moving or removing seats and furniture, having patients wait elsewhere if possible, staggering bookings and limiting walk-in patients.

We have implemented ways to minimize congestion in the waiting room, for example by moving or removing seats and furniture, having patients wait elsewhere if possible, staggering bookings and limiting walk-in patients.

Consider physical barriers such as Plexiglas around counters with high volume interactions with patients.

We have signage 2 meters away from our receptionist counter to maintain physical distancing in an area with high volume interactions. Our receptionist regularly reminds patients of the importance of the physical distancing to ensure patients are using the physical posts and signage consistently.

Recommendation is to encourage telehealth appointments where practical.

We are conducting telehealth appointments where practical and are currently conducting in over 50% of our patient interactions.

Recommendations is to use telephone or video for essential staff meetings where practical.

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We are using teleconference and video meetings for essential staff meetings and meetings with external partners where practical. When we need to use internal meeting rooms for meetings with outside partners, we schedule the meetings around clinic staff schedules.

Recommendation is where reasonably practical, stagger start times and breaks for staff members and encourage breaks to be taken outside. Ensure physical distancing is maintained in common areas, such as break rooms or meeting rooms. Surgical masks should be worn where physical distancing cannot be maintained.

Where reasonably practical, we have staggered start times and breaks for staff members and where possible, encourage breaks to be taken outside of the clinic. We ensure physical distancing is maintained in common areas, such as break rooms or meeting rooms. Surgical masks are worn at all times (Appendix B).

Recommendation is to review regular deliveries and request contactless delivery and invoicing where practical.

We regularly review deliveries and request contactless delivery and invoicing where practical.

Hygiene and Cleaning

Recommendation is to adopt and support good hand hygiene practices.

We have adopted and supported good hand hygiene practices as per Ministry of Health guidelines and CDC guidelines (Appendix C).

Ensure bathrooms are well stocked with hand soap and paper towels or hand dryers.

We ensure bathrooms are well stocked with hand soap and paper towels. We have hand sanitizers at key points in the practice, such as entrances and exits, patient rooms and waiting areas.

Ensure staff wear PPE appropriate to the patient presentation and in line with the most recent advice from Ontario Health. Ensure staff complete relevant PPE and infection prevention and control training.

We ensure staff wear PPE appropriate to the patient presentation and in line with the most recent advice from the Ministry of Health, Ontario Health and the Grey Bruce Public Health Unit. We have ensured staff complete relevant PPE and infection prevention and control training.

Increase natural ventilation in indoor areas by opening windows and doors where possible, and increase mechanical air exchange by optimising any ventilation or air conditioning settings (such as by maximising the intake of outside air and reducing or avoiding recirculation of air).

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Our practice increases natural ventilation in indoor areas by opening doors where possible.

Clean frequently used indoor hard surface areas at least daily with detergent and disinfectant. Clean frequently touched areas and surfaces several times per day.

Our staff clean frequently used indoor hard surface areas at least daily with detergent and disinfectant. We clean frequently touched areas and surfaces several times per day. We clean areas that have been in contact with a patient after each patient interaction.

Maintain disinfectant solutions at an appropriate strength and use in accordance with the manufacturers' instructions.

We maintain disinfectant solutions at an appropriate strength and use in accordance with the manufacturers' instructions. Staff should wash hands with soap and water before and after cleaning and have been trained on good hand hygiene according to CDC guidelines. The staff wash hands with soap and water before and after cleaning. (Appendix C).

Encourage contactless payment options.

We have initiated contactless payment options.

Record Keeping

Recommendation is to keep a record of the name, contact number and entry time for all staff, patients (including all people who accompany a patient to an appointment) and contractors for a period of at least 28 days. Contact details should be collected using a contactless electronic method such as an EMR or similar. Ensure it is possible to distinguish between in-person and telehealth appointments.

We have initiated record keeping of the name, contact number and entry time for all staff, patients (including all people who accompany a patient to an appointment) and contractors for a period of at least 28 days. We are able to distinguish between in-person and telehealth appointments within our EMR.

Ensure records are used only for the purposes of tracing COVID-19 infections and are collected and stored confidentially and securely. When selecting and using an electronic method of record collection, take reasonably practical steps to protect privacy and ensure the records are secure.

We ensure our records are used only for the purposes of tracing COVID-19 infections and are collected and stored confidentially and securely.

Employers should make staff aware of the COVID Alert app and the benefits of the app to support contact tracing if required.

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Our staff are aware of the COVID Alert app and the benefits of the app to support contact tracing if required. We follow updates regularly from Grey Bruce Public Health and Ontario Health and share this information with our staff regularly.

Cooperate with Ontario Health if contacted in relation to a positive case of COVID-19 at your workplace, and notify Grey Bruce Public Health Unit as per their policies

We support Ontario Health's approach with regards to the occurrence of a positive COVID-19 case within our workplace. We will cooperate with Grey Bruce Public Health in relation to a positive case of COVID19 at our workplace.

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Appendix A

Ministry of Health

COVID-19 Reference Document for Symptoms Version 7.0 – September 21, 2020

This document outlines the symptoms, signs, and clinical features which have been most commonly associated with COVID-19. This information is current as of September 21, 2020 and may be updated as the situation on COVID-19 continues to evolve. If there is a discrepancy between this list and other guidance, this list should be considered as the most up to date.

When assessing for the symptoms below the focus should be on evaluating if they are **new, worsening, or different from an individual's baseline health status (usual state)**. Symptoms should not be chronic or related to other known causes or conditions (see examples below).

Common symptoms of COVID-19 include:

- **Fever** (temperature of 37.8°C/100.0°F or greater)
- **Cough** (that is new or worsening (e.g. continuous, more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing).
 - *Not related to other known causes or conditions (e.g., chronic obstructive pulmonary disease)*
- **Shortness of breath** (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath)
 - *Not related to other known causes or conditions (e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease)*

Other symptoms of COVID-19 can include:

- **Sore throat** (painful swallowing or difficulty swallowing)
 - *Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux)*
- **Rhinorrhea (runny nose)**
 - *Not related to other known causes or conditions (e.g., returning inside from the cold, chronic sinusitis unchanged from baseline)*
- **Nasal congestion (stuffy nose)**
 - *Not related to other known causes or conditions (e.g., seasonal allergies)*
- **New olfactory or taste disorder** (decrease or loss of smell or taste)
 - *Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders)*
- **Nausea and/or vomiting**
 - *Not related to other known causes or conditions (e.g. transient vomiting due to anxiety in children, chronic vestibular dysfunction)*

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- **Diarrhea**

- *Not related to other known causes or conditions (e.g., Irritable bowel syndrome, inflammatory bowel disease, side effect of medication)*

- **Abdominal pain** that is persistent or ongoing

- Not related to other known causes or conditions (e.g., menstrual cramps, gastroesophageal reflux disease)

Atypical signs and symptoms of COVID-19 should be considered, particularly in infants and children, older persons, and people living with a developmental disability.

Atypical symptoms can include:

- Chills

- Headache that is new and persistent, unusual, unexplained, or long-lasting

- *Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines)*

- **Conjunctivitis (pink eye)**

- *Not related to other known causes or conditions (e.g., blepharitis, recurrent styes)*

- **Fatigue, lethargy, or malaise** (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual or unexplained

- *Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia, malignancy)*

- **Myalgias** (muscle aches and pain) that are unexplained, unusual, or long-lasting

- *Not related to other known causes or conditions (e.g., fibromyalgia)*

- **Decreased or lack of appetite**

- *For young children and not related to other known causes or conditions (e.g., anxiety, constipation)*

Atypical signs should be based on an assessment by a Health Care Provider, should not be explained by other known causes or conditions, and can include:

- **New or unusual exacerbation of chronic conditions** (e.g. chronic lung diseases such as asthma, emphysema, or chronic obstructive pulmonary disorder)

- **Tachycardia** (fast heart rate), including age specific tachycardia for children

- *Not related to other known causes or conditions (e.g., atrial fibrillation)*

- **Low blood pressure** for age

- **Hypoxia** (i.e. oxygen saturation less than 92%)

- *Not related to other known causes or conditions (e.g., chronic obstructive pulmonary disorder)*

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- **Difficulty feeding in infants**

- *Not related to other known causes or conditions (e.g., gastroesophageal reflux disease, cleft palate)*

- **Delirium** (acutely altered mental status and inattention)

- *Not related to other known causes or conditions (urinary tract infection, substance related such as alcohol withdrawal, medication induced)*

- **Increased number of falls in older persons**

- **Acute functional decline** (a sudden change in ability to function compared to baseline)

- *Not related to other known causes or conditions (e.g. gradual decline over months due to a neurological disorder such as dementia or Parkinson's disease)*

Clinical features of COVID-19 that can be diagnosed by a health care provider include:

- Clinical or radiological evidence of pneumonia

Multisystem Inflammatory Syndrome in Children and Adolescents (MIS-C) less than 19 years old

Information on this syndrome and its temporal association with COVID-19 is still emerging and may evolve over time. An assessment for MIS-C should be done by a Health Care Provider. Please see the World Health Organization (WHO) Case Definition or the Canadian Paediatric Surveillance Program (CPSP) Case Definition for diagnostic criteria.

The WHO MIS-C preliminary case definition:

- Persistent fever for 3 or more days **AND** two or more of the following:
- Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands, or feet).
- Hypotension or shock.
- Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities (including ECHO findings or elevated Troponin/NT-proBNP),
- Evidence of coagulopathy (by prolonged PT, PTT, elevated d-Dimers).
- Acute gastrointestinal symptoms (diarrhea, vomiting, or abdominal pain).

AND

- Elevated markers of inflammation such as ESR, C-reactive protein, or procalcitonin.

AND

- No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes.

AND

- Evidence of COVID-19 (RT-PCR, antigen test or serology positive), or likely contact with patients with COVID-19

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APPENDIX B: THE DO'S AND DON'TS OF WEARING A CLOTH MASK

THE DO + DON'T OF WEARING A CLOTH MASK

DO

- 

Wash your hands before putting it on.
- 

Cover your nose and chin.
- 

Remove it then wash your hands immediately.

DON'T

- 

Carry it in line until you get inside.
- 

Rub mask with your hands.
- 

Wear under your nose.
- 

Wear above your chin.

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APPENDIX C : WASHING YOUR HANDS

WASH YOUR HANDS

(FOR A MINIMUM OF 15 SECONDS)

WET HANDS



APPLY SOAP
and lather



SCRUB

hands, wrists and under nails



RINSE



DRY HANDS
with paper towel



CLOSE TAP

with paper towel



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